

CLAIMS ONLY		Application Number <div style="font-size: 1.5em; font-family: cursive;">10/7/8859</div>	Filing Date
		Applicant(s)	

* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						

* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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